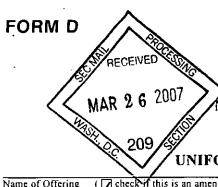
940662



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average	e burden				

hours per response. . . . . 16.00

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)	
Premier Bancshares, Inc. Offering of up to 2,714,285 Shares of Class A and/or Class B Cor	nmon Stock at a price of \$14 per Share.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ∩roe
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	11000 (140 (160 (100 K)(1) (100 (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100) (100)
Premier Bancshares, Inc.	07049356
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
815 West Stadium Boulevard, Jefferson City, Missouri 65109	(573) 893-6200
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	22.5
<u> </u>	PROCESSES
Brief Description of Business	HOOLGGED
Bank holding company and sole shareholder of Premier Bank, a Missouri state chartered ba	APR 0 9 2007
	<u> </u>
Type of Business Organization	THOMAS
	olease specify):
business trust Iimited partnership, to be formed	olease specify): THOMSON FINANCIAL
Month Year	
	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	MO

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

· ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Bh

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2. Enter the information rec	prested for the fo	llowin	B:				7,		
Each promoter of the	ie issuer, if the is	suer h	as been organized wi	thin (	the past five years:	•			
• Each beneficial own	er having the pow	er to v	nte or dispose, or dir	ect th	e vote or disposition (	ıf, 10	% or more o	facias	s of equity securities of the issue
<ul> <li>Each executive office</li> </ul>	eer and director o	t corp	orate issuers and of t	агро	rate general and man	aging	partners of	partne	ership issuers; and
Each general and in	anaging partner o	f parti	nership issuers.	•	•		•		•
Check Box(es) that Apply:	Promoter	П	Beneficial Owner	7	Executive Officer	Ø	Director		General and/or
	_			1					Managing Partner
Full Name (Lust name first, if Bruce W. Wiley	individual)	,							
Business or Residence Addres 815 West Stadium Bouley	s (Number and vard, Jefferson	Street City,	, City, State, Zip Co Missouri 65109	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		Cieneral and/or Managing Partner
Full Name (Last name first, if Micael W. Anderson	individual)						· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addres	s (Number and	Sirect	City, State, Zip Co	de)					
315 West Stadium Bouleva	ard, Jefferson C	City, N	lissouri 65109				•		
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Pariner
F 10 11 II	7			•			.'		
Full Name (Last name first, if Christopher J. Badger	individual)								
Business or Residence Addres	s (Number and	Sirce	, City, State. Zip Co	de)				-	
315 West Stadium Boulevi	ard, Jefferson (	City, N	Aissouri 65109						
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individualt				<del></del>	<u> </u>	<del></del>	<del>-</del> -	<u> </u>
Schuyler J. Mariea							•		•
Business or Residence Addres	s /Number and	Street	City Siste Zin Co	de)		<del></del>			
815 West Stadium Bouley						٠,			
Check Box(es) that Apply:	Promoter.	<u> </u>	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				TOTAL TOTAL TOTAL	-	<del></del>		
Steven A. Smith						-			
Business or Residence Addres 815 West Stadium Boulev			-	dc)			······································	····	<del>aran da ang ang ang ang ang ang ang ang ang an</del>
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Darrell B. Roegner	individual)						· · · · · ·	<del></del> -	
Business or Residence Addres	s /Number and	Street	, City, State. Zip Co	dei		<u></u>	<del> </del>		<u> </u>
815 West Stadium Boulev					<u>.</u>		·		
Check Box(es) that Apply:	Promoter `		Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partiter
Full Name (Last name first, if	individual)	<del></del>				<del>:</del>	<del> </del>		<del>, indicate a second and a second a second and a second a</del>
Larry R. Bloebaum	•		٠						
Business or Residence Addres 815 West Stadium Bouley	•		-	de)	<u> </u>		<del></del>	·	<del></del>
, , , , , , , , , , , , , , , , , , ,				nddit	ional copies of this s	heet.	as necessary	/)	

			A. BASIC IDI	NTII	FICATION DATA					
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									s of equity securities of	THE ISSUEL.
				corpo	rate general and mar	ıagıng	pariners of	i barms	esante issueis, and	
<ul> <li>Each general and it</li> </ul>	managing partner i	of parti	nership issuers.						· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Lust name first, Donald E. Krattli	if individual)									•
Business or Residence Addre 815 West Stadium Boule				de)		· · · · · ·				
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partner	
Full Name (Last name first, Harold B. Remley	if individual)			•						
Business or Residence Address 815 West Stadium Boulet	•			de)						,
Check Bux(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer	Ø	Director .		General and/or Managing Partner	
Full Name (Last name first, Robert S. Wholey	(findividual)	·		•		<del></del> ,	<del></del>		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	see (Number and	Sirect	City State Zin Co	de)	•				<del></del>	·
815 West Stadium Boule				,						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first.	if individual)		<u> </u>	<u> </u>	<del></del>		<del></del>	<del></del> -	<del></del>	<del></del>
Charles R. Willibrand	•		•		•					
Business or Residence Address 815 West Stadium Bould			• '	ode)			·		-	
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, Sarah Stieferman	if individual)	•	· ·	<u></u>						
Business or Residence Address 815 West Stadium Boule				ode)		•				· <del></del>
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first.	if individual)	<u> </u>	<del></del>	· .		•	· · · ·	-	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
Business or Residence Addr	ess (Number une	Stree	t, City, State, Zip Ci	sde)						
Check Box(es) that Apply:	Promoter	D	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Lust name first.	if individual)			· · ·					<u></u>	·
Business or Residence Addr	ess (Number ani	J Stree	i, City, Stale, Zip C	ode)	<del> </del>	· · · ·			<u> </u>	
	(Hen bl	nole ch	eet of convand use	addi	ional copies of this	heet	as necessar	v)		

	•				В. Т	NFORMAT	ION ABOU	T OFFERI	NG	3			
									.1. 60			Yes	No
Ι.	Has the	issuer solo	d, or does the									X	
_	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?										c 28.	000.00	
2.	What is	the minim	ium investn	nent that w	/ill be acce	pted from	any individ	lual?	•••••			Φ	
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?	•••••					Yes	No _
4.											irectly, any		
	If a pers	on to be lis	ted is an as:	sociated pe	rson or age	nt of a brol	ker or deale	r registered	d with the S	EC and/or	he offering. with a state ons of such		
			you may s							•			
Full	Name (I	ast name	first, if ind	ividual)								•	
Bus	iness or	Residence	Address (N	Number and	d Street, C	ity, State, 2	Zip Code)			. •			
Nam	ne of Ass	ociated Br	oker or De	aler									· · · · · · · · · · · · · · · · · · ·
						t					_		
State			Listed Has										
	(Check	"All States	" or check	individual	States)							☐ AI	I States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID.
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	ΝΫ́	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	ŪŤ	[VT]	VA	WA	WV	WI	WŸ	PR
Full	Name (I	ast name	first, if ind	ividual)								<del></del>	
Busi	iness or	Residence	Address (1	Number an	d Street. C	ity. State.	Zin Code)						
			(			, ,, .	J.p 3000)						
Nam	e of Ass	ociated Br	oker or De	aler									
State	es in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	'All States	" or check	individual	States)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ All	I States
	[AT]	( <b>7</b> 27	[ <del>4</del> .7]	AD		്രവ	(CŤ)	(E)C)	[DC]	reco	टिस		(TET)
	AL IL	[AK]	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE.	NV	NH)	NJ	NM	NY	NC	ND	OH)	OK]	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{WV}$	WI	WY	PR
Full	Name (I	ast name	first, if indi	ividual)					<del> </del>				
							· · <u> · · · · · · · · · · · · · · ·</u>						
Busi	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nam	ne of Ass	ociated Br	oker or De	aler				-				<del>-</del>	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								· · · · · · · · · · · · · · · · · · ·					
	(Check "All States" or check individual States)								States				
	AL	AK	AZ	AR	CA	CO	ĊŤ	DE	DC	FL	GA	HI	ĪD
	IL	IN	ĪĀ	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	V٨	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		A A l du
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$_37,999,990.00	\$ 22,493,590.00
	· Common Preferred		•
	Convertible Securities (including warrants)	<b>s</b>	\$
	Partnership Interests	\$	\$
	Other (Specify)	<b>\$</b>	\$
	Total	\$_37,999,990.00	\$ 22,493,590.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	. Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 21,505,610.00
	Non-accredited Investors	22	<u>\$_987,980.00</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		<u> </u>
	Rule 504		s
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>s</b>
	Printing and Engraving Costs	_	§ 11,500.00
	Legal Fees	_	\$ 18,500.00
	Accounting Fees		s
	Engineering Fees	_	s
٠	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total		\$ 30,000.00

1.7		BER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted p	;ross	37,969,990.00
i.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total o- proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate f the payments listed must equal the adjusted (	ano	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	
	Purchase of real estate			
	Purchase, rental or leasing and installation of mad	chinery		
	Construction or leasing of plant buildings and fac	cilities	[] \$	_ [] S
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	5	\$
	Repayment of indebtedness	••••••	\$	\$ 13,000,000.00
	Working capital	***************************************	🗸 💲 24,909,990	չ ∐Տ
	Other (specify):		C \$	- 03
				s
	Column Totals		s <u>24,969,990</u>	0.0 s 13,000,000.0
	Total Payments Listed (column totals added)			7,969,990.00
.// 1.15		D. FEDERAL SIGNATURE		
ei.	ne issuer has duly caused this notice to be signed by the gnature constitutes an undertaking by the issuer to fu e information furnished by the issuer to any non-ac	mish to the U.S. Securities and Exchapge Co	ommission, upon writt	ule 503, the following en request of its staff,
ls	sucr (Print or Type)	Signature	Date	
Ρ	remier Bancshares, Inc.	112001	03/19/07	
N:	ame of Signer (Print or Type)	Title of Signer (Print or Type)		
	uce W. Wiley	Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		MH 6 1
Is any party described in provisions of such rule:	n 17 CFR 230.262 presently subject to any of the disqualification	Yes	No <b>K</b>

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature		Date
Premier Bancshares, Inc.	11366		03/19/07
Name (Print or Type)	Title (Print or Type)		
Bruce W. Wiley	Chief Executive Officer	,	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

